

**MOTION PICTURE PRODUCTION TAX CREDIT
INFORMATION REQUEST FORM -**

For current calendar year or taxable year beginning _____ and ending _____.

PAGE 1.

IMPORTANT!!!! ONLY PAGE 1 TO FILM OFFICE!!!!

Send the following information directly to:
**The Rhode Island Film & TV Office
One Capitol Hill
Providence, Rhode Island 02908
401-222-3456**

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Motion Picture Production Company Name: _____

Federal Employer Identification No. (FEIN): _____

Name of production: _____

Production company representative: _____

Telephone: _____ E-mail address: _____

1. Total motion picture production Budget: \$ _____
2. Total Rhode Island tax credit received: \$ _____
3. Number of Rhode Island jobs created: _____
4. Total Rhode Island wages paid: \$ _____
5. RI wages or salaries paid of \$1,000,000 or more to any one individual included in the total RI wages paid:
\$ _____ and # of individuals: _____
6. Other wages paid: \$ _____ and # of individuals: _____
7. Number of full-time jobs created within RI: _____
8. Full-time job wage rate or salary paid: \$ _____
9. Type of health benefits provided to full-time employees:

10. Number of part-time jobs created within RI: _____
11. Part-time job wage rate or salary paid: \$ _____
12. Type of health benefits provided to part-time employees:

13. Motion picture film production geographic locations within RI (city or town):

**MOTION PICTURE PRODUCTION TAX CREDIT
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PAGE 2.

**IMPORTANT!!!!
!!!!SEND PAGE 2 INFORMATION TO TAXATION!!!!**

Send the following confidential information directly to:

**Donna (Villanova) Dube
Field Audit
The Rhode Island Division of Taxation
One Capitol Hill
Providence, Rhode Island 02908
401-574-8903
dvillanova@tax.state.ri.us**

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For calendar year 2007 or taxable year beginning _____ and ending _____.

Motion Picture Production Company Name: _____

Federal Employer Identification No. (FEIN): _____

Name of production: _____

Production company representative: _____

Telephone: _____ E-mail address: _____

Please submit the following along with this information request form:

- Detailed list of all out-of-state vendors
- Detailed list of all loan-out companies
- Detailed list of all personnel and cast including dates and salaries earned while in Rhode Island as follows:

-Employee Name: _____

-Social Security No.: _____

-Dates employed: _____

-Salaries or wages paid (broken down by year): _____

-Health care benefits provided: _____